

E.C. Care Limited

E.C. Care

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

E.C. Care provides nursing care to younger and older adults in Maidenhead, Windsor and surrounding areas of Berkshire. The service is registered for personal care, but at the time of the inspection this regulated activity was dormant. The service employs four registered nurses, one of whom is the registered manager. Staff provide care to people within their own homes. The service can care for people with dementia, physical disabilities and sensory impairment.

At the time of the inspection, there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service has had four inspections since their transitional registration on 31 December 2010. Our last inspection was on 26 February 2014 where the five standards we checked were compliant. This is the first inspection of the location under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and rating required under the Care Act 2014.

At the time of the inspection, one people received care from the service. This differed significantly to our previous inspections where numerous older adults received personal care within their homes. The person who used the service at this inspection had complex healthcare needs and required complicated nursing care. The registered manager explained they had decided to make a change in the type of care the service provided.

People were protected against abuse or neglect. There were sufficient staff to meet people's needs and the service appropriately determined correct staff deployment. People's medicines were administered, stored and disposed of appropriately.

We found staff received appropriate induction, training, supervision and performance appraisals. Recruitment and selection of new staff members was robust and ensured safety for people who used the service. Consent was gained before care was commenced and people's right to refuse care was respected.

The registered nurses were kind and caring. Comments we received indicated people were satisfied with the care they received. We determined the staff respected people's privacy and dignity, and ensured people remained as independent as possible. People had regular opportunities to provide feedback to the service and also have a say in their care package.

The service was responsive to people's needs. People had the ability to share their compliments, concerns and complaints in an open and transparent manner. People's care plans were person-centred and appropriate to the care required.

Staff expressed a positive workplace culture at the service. The registered manager was skilled and knowledgeable in their role and the team worked well together. We found that the service conducted a relevant amount of checks to assess the standard of care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from abuse or neglect.

The service adequately assessed and mitigated risks.

The service deployed satisfactory numbers of staff.

The service managed people's medicines safely.

### Is the service effective?

Good ●

The service was effective.

There was effective staff training, supervisions and performance appraisals.

People's consent for care was obtained in accordance with the Mental Capacity Act 2005.

People were supported to maintain a healthy balanced diet.

People were supported to have access to healthcare services and receive ongoing support from community professionals.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

People had choice, independence and control of their personal care.

People's privacy and dignity was respected.

The service maintained people's confidentiality.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were person-centred and contained appropriate information.

Staff had good knowledge of the people they cared for.

There was a satisfactory complaints process and people were made aware of how to raise any concerns with the service.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service had clear objectives and values.

Staff felt they worked within a positive service culture.

Audits were in place to determine and ensure the quality of people's care.

# E.C. Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one adult social care inspector, took place on 6 October 2016 and was announced. The provider was given 48 hours' notice because the location provided personal care in the community and we needed to be sure that staff and managers would be present in the office.

For this inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we already held about the service. This included statutory notifications we had received. A notification is information about important events which the service is required to send us by law. We also looked at feedback we received from relevant healthcare professionals leading up to the inspection.

At the inspection, we spoke with the registered manager and a registered nurse. After the inspection we also received feedback from a friend of the person use used the service. We did not visit people's homes as part of this inspection. It was not possible to speak with people who used the service.

We looked at a set of records related to a person's individual care needs. These included support plans, risk assessments, medicines administration records (MARs) and daily nursing notes. We also looked at two staff personnel files and records associated with the management of the service, including quality audits.

# Is the service safe?

## Our findings

The friend of the person who used the service explained that the care delivered was safe. They wrote, "My friend feels safe and comfortable with the staff." They explained staff always arrived on time, never missed visits and were on call when needed by the person.

The provider had appropriate policies for safeguarding and staff whistleblowing, and these were up-to-date. The service's policies were in accordance with the Care Act 2014. The service had access to a copy of the Berkshire safeguarding adults procedures, which contained the necessary information about dealing with and reporting abuse or neglect. The registered manager and registered nurse we spoke with were knowledgeable about their part in managing safeguarding concerns. This showed the service was aware of procedures to protect people. We found staff training included safeguarding procedures. There were no safeguarding reports to us or the local authority prior to the inspection. However, the registered manager demonstrated that they would report safeguarding allegations to the relevant agencies, in line with procedure and regulations. People were protected because appropriate systems were in place to prevent abuse and neglect.

The service assessed and managed people's risks of personal care. We found care documents contained satisfactory risk assessments and management plans. We looked at a care record for a person who used the service. In the risk assessments and care plans we examined, we saw a comprehensive range of documents. Examples of risks recorded included environmental hazards in people's homes, moving and handling, falls, medicines administration and nutrition and hydration. The care records contained information relevant to provision of care in the person's home. For example, there was documentation about security and electricity connections. The registered manager also explained that should a person who used the service be discharged from hospital, they completed a full re-assessment of their needs. This was to ensure they were able to provide safe care when the person returned home.

There were no incidents or accidents recorded as none had occurred. The registered nurse told us they would document incidents or accidents to people if they occurred. We saw there was a relevant form for completion of necessary details. The registered manager was able to describe the steps they would take if an accident or incident occurred. They told us they would ensure the person was safe, gather facts, perform an investigation and change care to prevent reoccurrence of similar events. This demonstrated the service ensured that people were protected from risks associated with their care.

We found the service had a business continuity plan in place. We viewed the document to check what risks were assessed and actions proposed if certain events happened. There was information about continuity of care in extreme weather and what to do if there was a problem with the office function for example during an electricity outage. The registered manager explained that further detailed information would be inserted into the document to cover other risks.

Since our last inspection, the number of people who used the service had changed significantly. This meant staffing deployment was adjusted in line with the hours of care delivered. At the time of the inspection the

service employed a full-time registered manager and three registered nurses, who all shared the responsibility of caring for one person. We found there was safe staffing deployment.

We looked at two personnel files for staff. We found personnel files contained all of the necessary information required by the regulations and no documents or checks were missing. We saw this included criminal history checks via the Disclosure and Barring Service (DBS), checks of previous conduct in other roles, and proof of identification. The service recorded staff's right to work in the UK. The service ensured that satisfactory checks of applicants' prior work conduct were in place. Where necessary, the service obtained additional references to ensure that applicants were suitable for carrying out nursing care. People were protected because the service had strong recruitment and selection procedures.

People's medicines were safely managed. The person who used the service independently administered their own tablets. The registered manager and registered nurses were required to order, store, administer and dispose of medicinal and other clinical products associated with a person's care. We saw contemporaneous and comprehensive records for this. Prescriptions for items were supplied by a medical consultant and the staff ensured that goods were delivered to the person's house. Staff were required to demonstrate annual competency in the administration of medicines.



## Is the service effective?

### Our findings

Feedback we received as part of the inspection indicated the staff's competency and professionalism. A friend wrote, "The staff are very professional, courteous, and compassionate. They have been praised by the GP and consultant nephrologist for the care they give to my friend." One health professional we approached stated, "I am involved with [E.C. Care] in the care particularly of one patient at home who is...seriously ill. I have found [the registered manager] and her staff clinically competent. They are compassionate and often go further in care than they are duty bound to. They are supportive and liaise well with me."

The registered manager explained the service's staff undertook additional training to provide care to the person who used the service. Prior to the person's commencement of a care package, the staff did not possess the relevant technical skills needed to perform the treatment. The staff training took place prior to the person receiving care. This was because the nursing care was complex and technical, and required detailed education and practice. The four staff at the service attended a large hospital to undertake the training. They then conducted supervised sessions of the treatment with experienced registered nurses. After this, the staff were required to pass competency tests to ensure safety for the person who would receive the treatment. The service demonstrated that they were innovative in gaining training relevant to people who used the service.

Staff received appropriate training, supervision and performance appraisals which supported their role. We viewed two examples of completed performance appraisals. We saw there was a clear set criteria which staff needed to discuss and reflect on with the registered manager. The form included topics like 'client focus', 'initiative and responsibility' and 'communication'. Evaluation of the staff members' performance was detailed in the appraisal form. Although formal monthly supervision sessions were not undertaken, the service's staff worked closely together and recorded their interactions regularly. The registered manager explained that any issues regarding nursing knowledge or practice would be identified and acted upon immediately. We checked and found all staff were registered with the Nursing and Midwifery Council (NMC). This also meant that all were required to undertake revalidation of their nursing registration every three years. Revalidation is a process governed by the NMC to ensure registered nurses continue to work safely and effectively by meeting a set of mandatory criteria. The registered nurse we spoke with at the inspection explained she was supported by the service with her revalidation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

At the time of the inspection, the service worked in line the requirements set by the MCA and the associated Codes of Practice. We found consent was always gained for people's care. We saw consent was obtained from people who had satisfactory mental capacity to make the decision themselves at the time. The registered manager and registered nurse we spoke with were aware of the principles of the MCA, their role in gaining consent, and what to do if consent could not be obtained from a person themselves. Where there was no one who could legally consent for a person, the service did have a best interest decision-making process in place. We advised the registered manager that staff should continue to refresh their knowledge in the MCA at regular intervals.

The service ensured people were protected from malnutrition and dehydration. Where necessary, food and fluid charts were maintained as records of people's daily nutrition. The person who used the service had some restrictions on their diet due to their medical condition. When we asked the registered manager and registered nurse about this, they were knowledgeable about foods that required limitation from consumption. In addition, the staff knew the importance of weighing the person to monitor body mass index and fluid balance. The staff explained that if needed, referral to a dietitian would be arranged.

We were told people were supported by the service to attend all necessary medical and healthcare appointments away from their own homes. Examples of good support to people related to healthcare included assistance with GP visits, hospital appointments and diagnostic and imaging screening. This ensured the person obtained expert medical advice and treatment to help them remain as independent as possible in their own home. Transport was appropriately arranged by the service to ensure the person could get to and from their appointments.

## Is the service caring?

### Our findings

A friend of a person who used the service felt that care received from E.C. Care was kind. When we asked if staff were caring, the friend stated, "Very caring, very patient, and very compassionate." They also described that staff sometimes faced challenges in their nursing roles but embraced the relationship with the person and ensured that compassionate care was provided regardless.

We asked the staff how they developed caring relationships with people who used the service. They explained that they built trust, were completely honest with people who received care, were reliable and promoted listening to the person's needs. This was confirmed in the set of notes we viewed at the inspection. The nursing records showed the person was treated as an individual, that communication with the person was noted and that agreements between both parties were always reached. This showed the service, and its staff, were dedicated to the provision of a caring environment.

The service confirmed inclusion of the person and other healthcare professionals in the care planning and delivery. This was evident from the feedback we received from a friend and in the care documentation we reviewed. The registered manager said that when care plans were drawn up, they took a laptop computer to the visit or review with the person. They confirmed that sometimes people they cared for did not wish to take part, and they respected this wish. However, the registered manager explained that they provided encouragement in people planning their care. This ensured that people who used the service had the ability to express their views and decisions in the treatment and support they received.

We did not visit people's homes as part of this inspection. However, we found that when nursing care was provided, staff ensured people's privacy and closed bedroom doors and curtains in people's homes. The person who received care made it clear to staff they required dignity and privacy in their relationship with the service. We received feedback which demonstrated this was upheld to the highest standard. The registered manager confirmed processes were followed to ensure the service had the highest regards for the person's right to privacy.

Confidentiality in all formats such as paper-based and computer-based documents was maintained. People's confidential personal information was regularly removed from the care file in their home and placed into secure storage at the service's office. The service's office was locked when staff were not present and files were secure. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. We saw evidence of the service's ICO registration when we checked the regulator's website.

## Is the service responsive?

### Our findings

The service ensured care provided was specific to people who used the service. At the time of the inspection, one person used the service. We asked for feedback from their friend about whether the person received care specific to them. The friend stated, "Yes. Staff visited the home and made an assessment. A package of care was then discussed with the GP, consultants and family and myself before an offer was made."

We found that people were free to choose what aspects of care they needed assistance with, and the service encouraged people to remain as independent as possible. The registered manager explained that at first visits, staff asked for information to ensure the person received a care package dedicated to them. When we looked at the person's care documentation, we found a 'care needs assessment' was completed. The document listed important information about the person. This included their social and family history, any communication difficulties and people's preferences or wishes. In addition, the type of care and agreed frequency of visits was documented. Although healthcare professionals recommended four visits a week to the person, they chose three days instead and this was fully respected by the service.

The tools the service used for care planning were satisfactory. When we looked at the risk assessments and care plans, we found they contained appropriate details about the person as an individual. Risk assessments and care plans included comprehensive information about moving and handling, management of a urinary catheter, personal hygiene and monitoring of a health condition. The documents used an effective approach to the nursing care as they identified the problem, set objectives for the care and then explained the steps to achieve the care goals.

The service would listen to people's experiences, concerns and complaints. The service user guide explained to people how they could provide feedback to the service. The complaints policy and procedure contained the information for various staff members regarding their role in acknowledging and managing complaints. The registered manager was required to acknowledge complaints within five days after receipt and submit an outcome to the person as soon as possible. There was the ability to escalate complaints to other agencies if people felt their complaint was not handled well by the service. We pointed out that some contact details in the complaints policy were not current and the registered manager took immediate action to rectify this. The service had received no complaints since the last inspection. The service asked the person they treated regularly for their opinion and acted on any feedback they received. This demonstrated a responsive focus to the provision of the nursing care by E.C. Care.

# Is the service well-led?

## Our findings

A friend of the person who used the service stated the service was well-led. They told us that the person who used the service agreed that it was managed well. The friend also confirmed that the service asked the person who used the service their opinions and acted on them, where necessary.

The registered manager showed us a letter dated March 2015 signed by the Prime Minister. This was sent to congratulate the provider on being included in the UK's top 50 fastest growing women-led small businesses. The list is formulated from compound annual growth using the last three years of reported Companies House data as of 25 February each year. This showed that the service had worked at becoming a well-led service since our last inspection.

We sent pre-inspection surveys to the three registered nurses of the service. They provided positive information about the registered manager and the workplace culture. One staff member wrote, "I feel that E.C. Care provides person-centered care, often going the extra mile to ensure the client is well cared for and happy. I am proud to be associated with this agency." Another staff member stated, "All my ideas and views are well received and if I need support it is given." The third staff member commented, "E.C. Care provide amazing individualised care for each client." Staff were clearly satisfied to work for the service.

At the inspection, we reviewed the service's statement of purpose. A statement of purpose is a document required by regulations that must include a standard set of information about a service. The statement of purpose must include details such as the aims and objectives provided by the service. The service's statement of purpose contained appropriate information at the time of the inspection. The statement of purpose did not state that the service was able to care for younger adults (those aged 18-65 years). We asked the service to send an updated version of the document following the inspection so the service user types could be adjusted in our records. The registered manager completed this action and we received the information.

Due to the type of service provided, there were a limited amount of times that the provider needed to legally notify us of certain events in the service. When we spoke with the registered manager at the inspection, they were able to explain the circumstances under which they would send notifications to us. We checked our records for notifications the service had submitted to us. We found the service had complied with the regulatory requirements to notify us regarding the operation of the service.

Our inspection methodology meant a significant portion of our time was spent with the registered manager asking questions and examining evidence. We found the registered manager of the service was transparent, approachable and knowledgeable. We found they displayed good insight and readily provided detailed information about the staff team, the person who used the service, the service's strengths and areas for improvement. Therefore we found the service demonstrated good management and leadership.

There were a small number of quality checks undertaken by the registered manager to ensure a well-led service. This was due to the number of people who used the service and the type of care provided at the

time of the inspection. Personnel file checks were conducted using a checklist before new staff commenced at the service. This ensured that necessary documents were on file and prompted the registered manager to follow up any missing documentation. We also saw there was a regular completion of the 'client house folder review'. The intent of the audit was to ensure that a series of 19 safety aspects of care provision were examined monthly. The tool checked relevant quality processes, such as the accurate completion of the medicines administration record (MAR) and the involvement of people in their care. The person who used the service had a complex medical appliance in their house, which required close cleaning, checking and maintenance. We saw the service had robust records that all of the required processes for the machine were maintained.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to 'registered persons' when they are carrying on a regulated activity. The registered manager was familiar with the requirements of the duty of candour and was able to clearly explain their legal obligations in the duty of candour process. The service did not yet have an occasion where the duty of candour requirements needed to be utilised. At the time of the inspection, the service did not have a satisfactory duty of candour policy. The registered manager took immediate action to implement an appropriate policy and procedure.